# HEALTH AND SOCIAL SERVICES

# 1. OVERVIEW

## VISION

Healthy people, healthy families, healthy communities

## MISSION

The mission of the Department of Health and Social Services is to promote, protect and provide for the health and well-being of the people of the Northwest Territories.

## GUIDING PRINCIPLES

**Personal Responsibility** - Individuals, families and communities have a lead role in achieving their own overall health and well-being

**Collaboration** - Working together to ensure individuals, families and communities make well informed decisions about their health and wellness

**Core Need** - Publicly funded programs and services that support basic health and social needs

**Opportunities for Engagement** - Communities provide input and advice on health and social service matters affecting their community

**Patient/Client Safety** - Health and social services are delivered within acceptable practice and clinical standards

**Transparency** – Outcomes are measured, assessed and publicly reported

## GOALS

In order to provide high quality health and social services we have established goals that support our vision, mission and guiding principles.

**Wellness** - Communities, families and individuals make healthy choices; children are raised in safe environments and are protected from injury and disease

**Access** - The right service at the right time by the right provider

**Sustainability** - Living within our means

**Accountability** - Reporting to the public and the Legislative Assembly

## KEY ACTIVITIES

- Directorate
- Program Delivery Support
- Health Services Programs
- Supplementary Health Programs
- Community Health Programs

## STRUCTURE OF THE SYSTEM

The Department of Health and Social Services (Department) works under the direction of the Minister and Deputy Minister in partnership with the Health and Social Services Authorities (Authorities) to plan, develop, evaluate and report on program and service delivery that supports the health and well-being of people across the Northwest Territories (NWT). The Department's major responsibilities include: establishing system-wide strategic direction and leadership, managing system risk, providing leadership in public health and incident response, securing, monitoring and managing funding, developing legislation, setting policies and standards, performance monitoring and evaluation. In addition to providing strategic direction, leadership and standards, the Department is also responsible for specific front-line service delivery in areas such as adoptions, guardianship, population health and southern placements.

The Authorities are the operational arm of the system and are responsible for the provision of quality, timely access to appropriate health and social services that best meet the needs of those individuals they serve. With a focus on prevention and promotion, Authorities provide community delivery and regional programming while operating as an integrated territorial system. There are currently eight Authorities in the NWT, as listed below:

- Dehcho Health and Social Services Authority
- Tłı̨chǫ Community Services Agency
- Fort Smith Health and Social Services Authority
- Hay River Health and Social Services Authority
- Beaufort Delta Health and Social Services Authority
- Sahtu Health and Social Services Authority
- Yellowknife Health and Social Services Authority
- Stanton Territorial Health Authority

The Joint Leadership Council (JLC) chaired by the Minister responsible for Health and Social Services includes the Deputy Minister and the Chairs of each Authority. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set system-wide priorities and provide oversight on the delivery of programs and services, as well as managing system risk and identifying and supporting system efficiencies.

The Joint Senior Management Committee (JSMC) is chaired by the Deputy Minister and includes the CEOs from each Authority, representation from the Medical Directors Forum (MDF) and from the Nursing Leadership Forum along with senior managers of the Department. JSMC provide leadership and direction with respect to the operations of the overall system and works to implement directions of JLC.

These shared forums ensure an integrated approach to the management of health and social services throughout the NWT. The Department's business plan and strategic plan *Building on our Foundation 2011 – 2016* sets the strategic direction, guides the system's operational plans and serves as a road map to direct where we are going and how we will get there.

## 2. EMERGING ISSUES

Residents of the NWT continue to benefit from a health and social services system that provides access to quality services that are responsive to the needs of the population.

> *Based on recent satisfaction surveys conducted on hospital and health centre services, more than 92 per cent of respondents selected "good" or "excellent" for the overall care received.*

While the Department and Authorities remain committed to providing quality services in a way that makes the best use of resources, focuses on patient safety and best practices and promotes positive health and social outcomes, the system as currently structured is not sustainable. The growth in health care expenditures, both nationally and in the NWT, has put considerable fiscal pressure on the NWT health and social services system. In addition, we are challenged by external factors, many of which are beyond our ability to influence or control. The existing structure, with eight semi-autonomous regional Authorities, limits the Department's ability to respond to these pressures. This results in inefficiencies, duplication and gaps in capacity and service delivery across the system.

***Fiscal Pressures***

Total government health care expenditures has increased at an average yearly rate of 7.5% in the NWT and 7.2% nationally from 2000 – 2009[1]. Some of the major factors driving the growth in health care spending are as follows:

- From 2000 - 2009, the cost of hospital and health centre services increased by 7.4% in the NWT compared to 6.9% nationally;
- An aging population contributed 1% on average annually to growth in health care expenditures in both the NWT and nationally from 2000 - 2009;
- From 2000 – 2009 population growth contributed an average of 0.8% per year in the NWT versus 1.1% nationally;
- During this same period the overall cost of physician services increased at 9.7% in the NWT compared to 7.2% nationally;
- In 2010/11 the GNWT spent $3.1 million to purchase drugs for hospitals and health centres. This includes drugs, vaccines, and blood products;
- The GNWT spent $6.1 million in 2010/11, on drugs and medical equipment through the Extended Health Benefits (EHB) program; and
- An increase in the incidence of chronic disease in the population – on average more than 50% of the number of days spent in an NWT hospital were related to chronic disease.

The fiscal pressures that have resulted from the growth in health care expenditures over the last number of years create both immediate and long term challenges for the HSS system. Due to financial constraints over the years, increases in the Health and Social Services base funding has not kept pace with the growth in health care spending. As a result, the Department and the Authorities have lost much of the capacity to manage risk, ensure compliance and provide appropriate levels of

[1] CIHI's *Health Expenditure Trends, 1975 to 2011, compared with NWT and National Trends*

quality control for service delivery. This is an immediate challenge faced by the Department as it exposes both the Department and the GNWT to liability and risk.

Over the longer-term (3 – 5 years) it is estimated that the NWT health and social services system will face a potential funding shortfall of between $50 and $70 million due to:

- Expiry of some federal funding - Territorial Health System Sustainability Initiative (THSSI);
- Shortfall in current funding versus the fully burdened cost of delivering existing services;
- Renovation or replacement of facilities to meet current and future demand as well as compliance with national standards such as infection control and accreditation;
- Necessary capital and operational funding investments in new enabling information technology as well as replacing outdated, unsupported information technology that presents risk to service delivery;
- One-time investments to support system reform – investment to fund the change is required in order to reduce future deficits; and
- Demand for new or enhanced programs and services (e.g. territorial midwifery, territorial respite).

***External Pressures***

Many of the factors driving demand on the health and social services system are complex and beyond the Department or the Authorities' ability to influence or control. Drivers such as high rates of chronic disease, an aging population, human resource pressures, remote communities, increasing medical travel costs, pharmaceutical costs, and increasing inter-jurisdictional costs for out-of-territory services are all adding to the pressure and cost of delivering health and social services. The Department will need to employ innovative responses to mitigate the impact of external factors driving the demand on the health and social services system.

*Health Status of the Population* - While the health status of NWT residents has been improving there is still a disparity between the NWT and the rest of Canada and between the aboriginal and non-aboriginal populations. Relative to the rest of Canada, residents of the NWT engage in more high-risk behaviors and continue to have poorer health outcomes. Social and economic factors such as low income, poor housing conditions, and low educational achievements also contribute to the poorer health status of our population. A population with a poor health status will significantly drive demand for health and social services. The following are key findings from the 2010 Northwest Territories Health Status Report:

- In the NWT, 52% of NWT residents 12 years of age and older rated their health status as either excellent or very good compared to 61% of other Canadians.
- Currently 41% of the NWT population participates in enough physical activity to maintain or improve their health compared to 53% of other Canadians.
- 63% of NWT residents are overweight or obese compared to 51% of other Canadians.
- MRSA (Methicillin Resistant Staphylococcus Aureus) is an ongoing health issue in the NWT and the rate of new infection has increased significantly in the past decade. The bacteria can be acquired in hospitals and in communities characterized by substandard living conditions.
- Between 2005 and 2007 the leading causes of death in the NWT were cancers and cardiovascular diseases followed by injuries and respiratory diseases.
- In the NWT, 70% of all deaths and more than 50% of the number of days spent in hospital were related to chronic conditions.
- Approximately 200 new cases of diabetes are diagnosed each year in the NWT.

- In the NWT, 64% of the population rated their mental health as excellent or very good compared to 73% of other Canadians

*Demographics* - Based on CIHI data, an aging population contributed 1% on average annually to growth in health care spending in both the NWT and nationally from 2000 – 2009. Seniors are the fastest growing age group in the NWT. Currently there are approximately 4,102 seniors in the NWT and by 2020 the number is expected to increase to 6,988[2]. As the NWT population ages, additional pressure will be placed on acute care, physician services, pharmaceuticals, extended heath care as well as long-term care, homecare and community care. The estimated cost of health care per capita in 2007 was $22,588 per person for people age 60 and over; almost 5 times the amount for people under age 60[3].

*Increasing Demand for Pharmaceuticals and New Technology* - The cost and demand for pharmaceuticals and new technology continues to increase both nationally and in the NWT. In 2010/11 the GNWT spent $3.1 million to purchase drugs for hospitals and health centres. This includes drugs, vaccines, and blood products. In addition, the GNWT spent $6.1 million on drugs and medical equipment through the Extended Health Benefits (EHB) program. It is anticipated that increasing demand will continue to drive costs in this area.

*Human Resource Pressures* - The national shortage of health care workers has shifted the nature of work agreements, resulting in an increased reliance on short-term locum healthcare professionals. This reliance on a temporary/locum workforce creates significant challenges in the delivery of consistent quality care. The Department will need to ensure consistent processes and standards for patient care and service delivery are implemented across the system. This will increase demand for technology such as Telehealth, diagnostic imaging and picture archiving (DI/PACS) and electronic medical records to connect regional and community care providers to a centralized support network.

Consistent with national trends, we are seeing an increase in the number of children receiving services in the NWT and the percentage of children staying in care longer is rising. We are also experiencing an increase in the complexity of cases – where we are dealing with multiple diagnoses. This increased demand for services is further complicated by a national shortage of qualified social workers, and difficulty recruiting qualified foster parents to provide culturally appropriate homes for children in care.

***Governance and Accountability Pressures***

Governance models for health and social services vary across Canada with some form of regional governance models implemented by most. These have evolved over time as governments attempt to address risk and accountability while balancing the need for local and regional input into the delivery of services.

The current NWT health and social services structure is divided across semi-autonomous Health and Social Services Authorities, creating barriers to system accountability, equitable service delivery, information sharing, risk management, seamless patient care and efficiencies. This structure also creates competition for health and social services professionals amongst Authorities and barriers to implementing consistent clinical practice standards in service delivery.

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[2] NWT Bureau of Statistics

[3] Canadian Institute for Health Information, 2007 health care cost estimates.

The current regional structure was intended to provide local front-line service delivery in a way that would best meet the needs of residents. However, what has resulted are gaps in services, inconsistent delivery of services across regions, duplication, inefficiency and increased risk.

***Information Technology Pressures***

Through Canada Health Infoway funding, the Department has been able to invest in territory-wide eHealth technologies to improve patient access in communities and improve patient care and safety. These large system-wide, integrated initiatives are complex and require significant ongoing operations and maintenance funding along with collaboration among the Department, the Authorities, the GNWT's Technology Service Centre and various vendors.

In addition, medical technologies (IV pumps, hospital beds, stethoscopes, etc) are becoming increasingly computer and network based. Medical technologies now have the ability to capture physiological information, (e.g., physiological monitoring systems, ECG systems, diagnostic imaging, laboratory technology, anaesthesia, and dialysis), and transmit this information electronically to centralized informatics storage and management systems. These systems can feed into current NWT eHealth Systems such as the DI/PACS and EMR. Having this physiological information available instantaneously to care providers, emergency physicians and specialists enables improved quality of care and patient outcomes.

It is crucial to continue to build and leverage the investments in the current systems, invest in new systems to support the strategic direction and priorities, and invest in the replacement of aging and out of date systems (old technology) that are no longer supportable.

# 3. 2012-13 PLANNING INFORMATION

The detailed description of planned activities for the Department includes the following sections:

a) **Fiscal Position and Budget** provides information on the Department's operation expenses and revenues.

b) **Key Activities** describes the Department's major programs and services, including strategic activities, as well as results to date and measures.

c) **Putting Priorities into Action** describes current major activities the Department is leading in supporting the priorities identified by the 17th Assembly.

d) **Infrastructure Investments** gives an overview of the Department's planned infrastructure investments for 2012-13.

e) **Legislative Initiatives** provides a summary of the Department's legislative initiatives during the 17th Legislative Assembly as well as initiatives planned for 2012-13.

f) **Human Resources** includes overall statistics and position reconciliation, information on capacity building activities as well as departmental training and development.

g) **Information Systems and Management** describes Department-specific information and management systems as well as major initiatives planned for 2012-13.

## a) Fiscal Position and Budget

### DEPARTMENTAL SUMMARY

| | Proposed Main Estimates 2012-13 | Revised Estimates 2011-12 | Main Estimates 2011-12 | Actuals 2010-11 |
|---|---|---|---|---|
| | | ($000) | | |
| **OPERATIONS EXPENSE** | | | | |
| Activity 1 - Directorate | 7,924 | 7,678 | 7,678 | 6,937 |
| Activity 2 - Program Delivery Support | 34,772 | 37,027 | 34,320 | 32,225 |
| Activity 3 - Health Services Programs | 191,587 | 197,672 | 188,658 | 182,768 |
| Activity 4 - Supplementary Health Programs | 26,243 | 26,224 | 26,218 | 29,860 |
| Activity 5 - Community Health Programs | 87,998 | 90,194 | 87,631 | 84,462 |
| **TOTAL OPERATIONS EXPENSE** | 348,524 | 358,795 | 344,505 | 336,252 |
| **REVENUES** | 52,524 | 52,398 | 52,398 | 50,381 |

## OPERATION EXPENSE SUMMARY

| | Main Estimates 2011-12 | Proposed Adjustments: Forced Growth | Proposed Adjustments: Other Initiatives | Proposed Adjustments: Sunsets and Other Approved Adjustments | Proposed Adjustments: Internal Reallocation of Resources | Proposed Main Estimates 2012-13 |
|---|---|---|---|---|---|---|
| | | | ($000) | | | |
| **Key Activity 1** | | | | | | |
| Directorate | 970 | - | 1,450 | - | 162 | 2,582 |
| Policy, Communications & Legislation | 2,992 | - | 116 | (1,749) | 412 | 1,771 |
| Corporate Planning, Reporting & Evaluation | 1,338 | - | - | - | (89) | 1,249 |
| Finance | 1,888 | - | - | - | 27 | 1,915 |
| Infrastructure Planning | 490 | - | - | - | (83) | 407 |
| Amortization | - | - | - | - | - | - |
| **Total Activity** | **7,678** | **-** | **1,566** | **(1,749)** | **429** | **7,924** |
| **Key Activity 2** | | | | | | |
| Information Systems | 8,087 | 118 | 9 | - | (116) | 8,098 |
| Health Human Resources | 4,058 | - | - | - | (111) | 3,947 |
| Health Services Administration | 2,204 | (5) | - | (375) | (73) | 1,751 |
| Primary Care | 2,289 | - | - | 12 | (256) | 2,045 |
| Population Health | 3,678 | (1) | - | (121) | 870 | 4,426 |
| HSS Authority Administration | 14,004 | 501 | - | - | - | 14,505 |
| Amortization | - | - | - | - | - | - |
| **Total Activity** | **34,320** | **613** | **9** | **(484)** | **314** | **34,772** |
| **Key Activity 3** | | | | | | |
| NWT Hospitals | 85,939 | 3,049 | 790 | (1,090) | (917) | 87,771 |
| NWT Health Centres | 27,952 | 720 | 463 | (463) | 174 | 28,846 |
| Out-of-Territories Hospitals | 19,123 | - | - | - | - | 19,123 |
| Physicians inside the NWT | 41,920 | 132 | 1,506 | (1,506) | 65 | 42,117 |
| Physicians outside the NWT | 5,333 | - | - | - | - | 5,333 |
| Medical Equipment | 952 | 150 | - | - | - | 1,102 |
| Amortization | 7,439 | - | - | (144) | - | 7,295 |
| **Total Activity** | **188,658** | **4,051** | **2,759** | **(3,203)** | **(678)** | **191,587** |

| | Main Estimates 2011-12 | Proposed Adjustments: Forced Growth | Proposed Adjustments: Other Initiatives | Proposed Adjustments: Sunsets and Other Approved Adjustments | Proposed Adjustments: Internal Reallocation of Resources | Proposed Main Estimates 2012-13 |
|---|---|---|---|---|---|---|
| | | | ($000) | | | |
| **Balance Forward** | **230,656** | **4,664** | **4,334** | **(5,436)** | **65** | **234,283** |
| **Key Activity 4** | | | | | | |
| Supplementary Health Programs | | | | | | |
| Supplementary Health Benefits | 115 | - | - | - | - | 115 |
| Metis Health Benefits | 1,907 | - | - | - | - | 1,907 |
| Extended Health Benefits | 8,449 | - | - | - | - | 8,449 |
| Medical Travel | 15,747 | 25 | 3,200 | (3,200) | - | 15,772 |
| Amortization | - | - | - | - | - | - |
| **Total Activity** | **26,218** | **25** | **3,200** | **(3,200)** | **-** | **26,243** |
| **Key Activity 5** | | | | | | |
| Child and Family Services | 21,169 | 106 | 499 | - | (92) | 21,682 |
| Prevention and Promotion Services | 6,235 | 85 | - | (830) | (414) | 5,076 |
| Adult Continuing Care Services | 27,727 | 320 | - | (576) | (9) | 27,462 |
| Community Social Services | 31,542 | 703 | 350 | (12) | 450 | 33,033 |
| Amortization | 958 | - | - | (213) | - | 745 |
| **Total Activity** | **87,631** | **1,214** | **849** | **(1,631)** | **(65)** | **87,998** |
| **TOTAL DEPARTMENT** | **344,505** | **5,903** | **8,383** | **(10,267)** | **-** | **348,524** |

## REVENUE SUMMARY

| | Proposed Main Estimates 2012-13 | Revised Estimates 2011-12 | Main Estimates 2011-12 | Actuals 2010-11 |
|---|---|---|---|---|
| | | | ($000) | |
| **TRANSFER PAYMENTS** | | | | |
| Wait Times Reduction Trust | 315 | 329 | 329 | 320 |
| Territorial Health Access Fund-Extended | | | | |
| Territorial Health System Sustainability Initiative (THSSI) | 4,333 | 4,333 | 4,333 | 4,333 |
| Medical Travel Fund - Extended Territorial Health System Initiative (THSSI) | 3,200 | 3,200 | 3,200 | 3,200 |
| Hospital Care - Indians and Inuit | 21,034 | 21,626 | 21,626 | 20,221 |
| Medical Care - Indians and Inuit | 7,239 | 6,517 | 6,517 | 6,958 |
| TOTAL | 36,121 | 36,005 | 36,005 | 35,032 |
| **GENERAL REVENUES** | | | | |
| Professional Licenses Fees | 140 | 130 | 130 | 146 |
| Vital Statistics Fees | 100 | 100 | 100 | 86 |
| Environmental Health Fees | 20 | 20 | 20 | 27 |
| TOTAL | 260 | 250 | 250 | 259 |
| **OTHER RECOVERIES** | | | | |
| Reciprocal Billing - Inpatient Services | 3,000 | 3,500 | 3,500 | 2,382 |
| Reciprocal Billing - Hospital Services for Nunavut | 8,500 | 7,500 | 7,500 | 7,133 |
| Reciprocal Billing - Medical Services | 500 | 900 | 900 | 794 |
| Reciprocal Billing - Specialist Physicians for Nunavut | 1,500 | 1,600 | 1,600 | 1,148 |
| Special Allowances | 1,000 | 1,000 | 1,000 | 1,094 |
| Third Party Recoveries | - | - | - | 901 |
| TOTAL | 14,500 | 14,500 | 14,500 | 13,452 |
| **GRANT IN KIND** | | | | |
| Rockhill Apartments (Lease to YWCA) | 443 | 443 | 443 | 443 |
| TOTAL | 443 | 443 | 443 | 443 |
| **CAPITAL** | | | | |
| Amortization of Capital Contributions | 1,200 | 1,200 | 1,200 | 1,195 |
| TOTAL | 1,200 | 1,200 | 1,200 | 1,195 |
| **REVENUES** | **52,524** | **52,398** | **52,398** | **50,381** |

## *b) Key Activities*

### KEY ACTIVITY 1: DIRECTORATE

***Description***

Under the authority of the Minister, the **Directorate** provides strategic leadership to the Department and the Authorities. This includes responsibility for overall coordination of strategic reform initiatives aimed at ensuring the long-term sustainability of the HSS system. The Directorate is responsible for broad system planning, establishing the strategic direction, providing innovative leadership, coordination and risk management as well as the provision of administrative services for departmental operations.

The **Policy, Communications and Legislation** Division provides leadership and services in the development of policy, legislation and regulations along with Intergovernmental relations, Aboriginal affairs, Official Languages and Communications.

The **Corporate Planning, Reporting and Evaluation** Division is responsible for setting a system-wide framework for planning and accountability to ensure that Department priorities respond to system-wide health and social issues and reflect priorities set by government. This division is also responsible for system reporting as well as monitoring and evaluation. Responsibility for professional licensing is also included in the Division.

The **Finance** Division provides financial planning, financial management and administrative services for the health and social services system. These services include providing advice to the Department and the Authorities on financial management, financial monitoring, financial analysis, transaction processing and procurement, including contracts and contributions.

The **Infrastructure Planning** Division is responsible for the overall development, design and planning of capital infrastructure projects. Planning and purchasing for medical equipment and ever-greening is also included in this division.

**System Planning**

During the 16th Legislative Assembly there were two external reviews related to health and social services programs. The Standing Committee On Social Programs (SCOSP) review of the *Child and Family Services Act* and the Office of the Auditor General's review of NWT health programs and services.

In 2011, the GNWT tabled its response to SCOSP's report on the review of the *Child and Family Services Act*. In this response, the GNWT accepted *twenty two* of the recommendations made by SCOSP. A further *twenty eight* recommendations were conditionally accepted, pending the availability of additional resources and *thirteen* recommendations were accepted in principle, pending a detailed review of the legislation.

In 2011, the Office of the Auditor General (OAG) tabled a report in the Legislative Assembly on NWT Health Programs and Services. The scope of the review was limited to health only and the OAG and the Department agreed to focus on Diabetes and Homecare as the two program areas for detailed review. Overall the review concluded that the Department is adequately managing health programs and services provided to residents of the NWT and went on to make *six* broad

recommendations for improvements to the system. The Department accepted all recommendations from the OAG and work is underway on implementation.

In 2011, HSS introduced its new strategic plan for the health and social services system: *Building on Our Foundation.* Feedback from regional dialogues, the JLC along with recommendations from the OAG's program review and recommendations from the 16th Legislative Assembly SCOSPs review of the report on the *Child and Family Services Act* set the framework for our strategic plan.

*Building on Our Foundation* provides the direction for the next *five* years and identifies initiatives aimed at ensuring a sustainable, efficient and integrated territorial system that best meets the needs of NWT residents.

*Major Program and Services 2012-13*

The Directorate will continue to provide innovative leadership, system planning, financial management, policy and legislative development, communications, and support for capital and infrastructure planning to the Department and the Authorities.

***Improving Communications***
In order to improve communications with the residents we serve, the Department will collaborate with the Authorities to update the Health and Social Services websites. This will create better links to the Authority websites and provide a consistent look and feel across the Department and Authorities. The Department will also develop appropriate communications in consultation with former clients, NGOs and providers to ensure that residents of the NWT know where and how to access services.

To better meet the GNWT's legal obligations for French Language services, the Department has hired a full time Manager, Official Languages. In collaboration with the Authorities, the departments of Education Culture and Employment (ECE) and Human Resources (HR), an action plan that guides the delivery of services in French in the NWT Health and Social Services system will be initiated during 2012-2013. It is anticipated that this plan will be finalized late in 2012-13.

***Responding to Recommendations from the Auditor General***
One of the recommendations resulting from the Review of the OAG was that the Department, in collaboration with the Authorities, should develop a set of system-wide performance indicators for the health care system and identify key data requirements. It was also recommended that the Department develop a program evaluation plan identifying planned areas for evaluation and regularly inform the Legislative Assembly about the performance of the NWT health care system.

As a first step in responding to this recommendation, a set of system-wide performance indicators were developed and published in the recent strategic plan: *Building on our Foundation 2011-2016.* Public reporting of these indicators will be done annually. Over the upcoming fiscal year the Department will update the Accountability Framework, enhance public reporting on the performance of the system and develop a system-wide risk based evaluation plan.

***Reforming the System***
Over the last number of years the Department has undertaken research and planning for health and social services initiatives needed to increase efficiency, increase capacity, reduce risk and improve service delivery and patient care. Many of these initiatives are now at a point where pilot projects are being developed or recommendations are being reviewed. With the recent federal announcement of a two-year extension to the THSSI, to March 31, 2014, the Department has identified funds to support

initiatives aimed at advancing innovation across the system. Activities planned for the 2012-13 fiscal year as follows:

*Reform System Governance* – The Department will work with the Authorities and stakeholders to address the need to operate more effectively as one health and social services system.

*Collaborative and Consolidated Services* - in an effort to gain control of rising costs while maximizing quality, safety, access and accountability, the Department is reviewing potential benefits and issues associated with collaborative and consolidated services. It is anticipated that this review will provide recommendations for consolidating services across the Department and Authorities to increase capacity, reduce risk and maximize efficiencies.

*Pharmaceutical Strategy* - The Department is reviewing analysis for the development of a pharmaceutical strategy. This work focuses on identifying drug benefit management opportunities for cost savings within the current GNWT extended health benefits programs. This includes, but is not limited to identifying cost savings opportunities through effective formulary management and drug purchasing processes.

*Territorial Support Network* - Work is under way on the development of a Territorial Support Network (TSN) that will connect regional and community care providers to on-call physician services. The centralized support network will standardize the referral process, promote the use of consistent clinical standards to enhance quality of care, reduce the number of non-emergent medical evacuations and ensure that patients are stabilized and managed in the most efficient and safe manner. Providing clinical support to front line staff may also improve retention of health care professionals in remote communities.

*Integrated Service Delivery Model* – The Department in collaboration with the Authorities is undertaking a review of the Integrated Service Delivery Model (ISDM). This review will ensure our service delivery model remains aligned with current strategic objectives and incorporates best practices and a system-wide approach to efficient and safe delivery of services. Recommendations resulting from this review will inform future decision-making on resource allocation and the re-alignment of a territorial service delivery model.

## KEY ACTIVITY 2: PROGRAM DELIVERY SUPPORT

*Description*

**Program Delivery Support** provides a system-wide focus for planning, program and standards development as well as advice and support in the delivery of health and social service programs.

The **Information Services Division** leads on informatics initiatives in support of the broader systemic goals of Health and Social Services. The Division provides operational support to departmental and territorial systems, and provides planning, implementation and investment support for new territorial health and social services initiatives, data standards, as well as coordination of *Access to Information, Protection of Privacy* requests and records management.

**Health Human Resources** includes programs managed by the Department of Human Resources, for recruitment and retention specifically related to health and social services professionals.

The **Health Services Administration Division** is responsible for the administration of the Health Benefits programs (including Insured Health Benefits, Extended Health Benefits, Catastrophic Health Benefits, Métis, Non-Insured Health Benefits and inter-jurisdictional billings for Hospital and Physician Services). The Division is also responsible for providing leadership and direction to the Health Authorities in the administration of Insured services, reciprocal billing and Health Benefits eligibility and registration. Vital Statistics, Registrar General is also located in this division providing the registration and issuing of certificates for vital events that occur in the Northwest Territories.

The **Population Health Division,** in collaboration with the Chief Public Health Officer, is responsible for services aimed at broad population health through planning, design, development, co-ordination and ongoing management of health and wellness surveillance activities for the Northwest Territories. This includes the development of program standards, monitoring and evaluation in the areas of public health, health promotion, environmental health, disease control and epidemiology.

The **Territorial Health Services Division** ensures that standards and policies are in place to guide the delivery of health services throughout the NWT. Specifically, this division is responsible for the planning, development, coordination, monitoring and review of: acute care; long-term care; homecare; seniors and persons with disabilities; rehabilitation; maternal and child health and oral health; community health programs and physician services.

**HSS Authorities Administration** includes funding to Health and Social Services Authorities for activities associated with management and administration.

***Major Program and Service Initiatives 2012-13***

The Department will provide ongoing system wide program planning, standards development and advice in the delivery of health and social programs. Through the Office of the Chief Public Health Officer, the Department will provide research-based recommendations and support in the areas of public health, health promotion, environmental health, disease control and epidemiology.

In support of innovative service delivery, the Informatics Services division will provide leadership in eHealth initiatives, informatics planning, as well as application and infrastructure support.

In conjunction with the review and update of the ISDM, the Department will continue work on projects such as a Chronic Disease Management Model, development of a proposal for a Territorial Midwifery program, and review and update of various clinical standards; as well as developing options for standardized homecare assessment, intake and reporting.

***Responding to Recommendations from the Auditor General***

*Chronic Disease Management Model* - One of the recommendations resulting out of the review of health programs by the OAG, was that the Department in collaboration with the Authorities should identify a core set of diabetes education, prevention and treatment programs and identify and collect data to measure program results and improve program delivery.

The increased incidence of chronic disease in the NWT population will continue to drive demand for services. The ability to measure program results to make improvements to service design and delivery will be critical in ensuring programs and services are meeting the needs of residents effectively and efficiently. Over the next fiscal year the Department will work with the Authorities to refine chronic care services. In partnership with the Canadian Health Services Research Foundation (CHFRS), the Department and Authorities will conduct pilots in three key areas: mental health, diabetes, and renal care. The results of these pilots will be used to improve care in the smaller communities.

*Continuing and Long-term Care* - Resulting out of the review of health program by the OAG, it was recommended that the Department in collaboration with the Authorities should: implement a standardized process for assessing the service and care needs of all home care and long-term care clients; complete the revision of program standards for home care and long-term care programs; and develop and implement a plan to monitor these programs.

The Department and Authorities have implemented a single point of entry for admission to NWT long-term care facilities. The Territorial Admissions Committee uses the Continuing Care Assessment and Placement (CCAP) tool which ensures a standardized assessment process to support applications. The Department will consult with Continuing Care staff within the Authorities to get their feedback on draft Continuing Care Standards and develop an implementation plan. The new Continuing Care Standards will include a monitoring plan and data reporting requirements.

***Measures Reporting***

***What is being measured?***
Number of communities with access to eHealth technology

***Why is this of interest?***
Utilization of eHealth technology will improve patient access in communities and improve patient care and safety and increase efficiencies.

| | |
|---|---|
| Number of communities where Telehealth capabilities exist | 33 |
| Number of Communities where DI/PACS capabilities exist | 22 |
| Number of Communities where Electronic Health Record capabilities exist | 32 |

***What is being measured?***
Number of registered births, deaths, marriages and still births

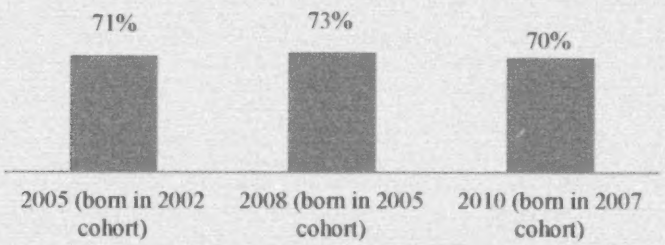
***Why is this of interest?***
Vital statistics are the data source for many important statistical measures used in public health. These indicators are used for planning and community analysis.

| Vital Event Data | | | | |
|---|---|---|---|---|
| **Event Type** | **Year** | **Year** | **Year** | **Year** |
| | 2008 | 2009 | 2010 | 2011 |
| Births | 800 | 787 | 767 | 728 |
| Deaths | 201 | 176 | 172 | 173 |
| Marriages | 120 | 122 | 134 | 120 |
| Still births | 10 | 10 | 6 | 7 |

***What is being measured?***
The proportion of children in 3 different cohorts who received a full vaccination schedule

***Why is this of interest?***
These rates indicate the health of a population, the capacity of a health system for service delivery, and the public awareness and perception towards vaccination and preventable health measures.

**% of Children That Received Full Immunization Schedule by the Age 2**




*Full immunization schedule is defined as completing 4 vaccinations series: DaPT Polio Act-HIB, MMR, Hep B, and Varicella

## KEY ACTIVITY 3: HEALTH SERVICES PROGRAMS

*Description*

Health services to eligible northern residents in areas such as inpatient and outpatient services, public health and chronic care are provided through the Department and Authorities. Pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, Health and Social Services Authorities are established to operate, manage and control facilities, programs and services.

**Hospital Services**

- funding to Authorities to provide primary, secondary and emergency care in NWT hospitals
- funding for insured hospital services to NWT residents outside the NWT

**NWT Health Centres**

- funding to Authorities to provide residents with primary care or "first contact" care through a system of health centers located throughout the NWT

**Physician Services**

- funding to Authorities to provide insured physician services inside the NWT
- funding for insured physician services to NWT residents outside the NWT

**Medical equipment under $50,000**

- funding for medical equipment under $50,000

*Major Program and Service Initiatives 2012-13*

The Department will continue to work with Authorities to provide NWT residents with access to a comprehensive and integrated health system that provides quality care focused on patient safety.

The Department and Authorities will continue to employ eHealth solutions such as Telehealth, Lab Information System, Electronic Health Records, DI/PACS, and Telemedicine to increase efficiencies and maximize existing resources in the delivery of safe patient care.

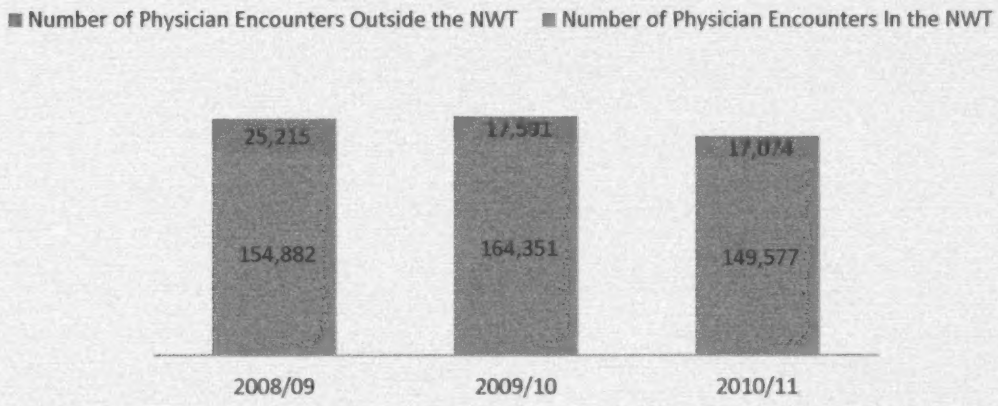
Through ongoing quality improvement and measurement against national benchmarks and standards, the Department and Authorities will continue to improve patient care and safety. Ongoing review of referral processes for access to specialist services, treatment in out of territory facilities as well as medical evacuations will continue to improve the efficiencies in the system as well as ensuring patients are seen by the most appropriate care provider, resulting in the best patient outcomes.

## *Measures Reporting*

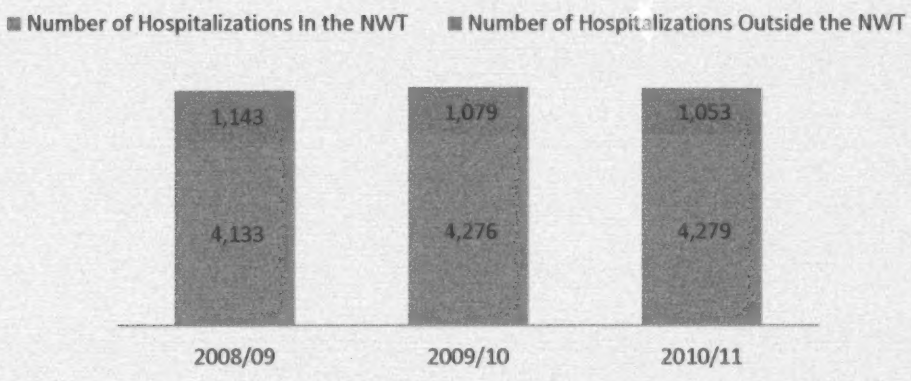
***What is being measured?***
The number of NWT residents admitted to hospital and the number of encounters NWT residents had with a physician

***Why is this of interest?***
Hospital and Physician services are two significant cost drivers in health care expenditures. They represent a significant proportion of the fiscal capacity required to serve the population of the NWT. It is important to acknowledge that many reasons for the use of hospital services are to a great extent preventable by making healthy lifestyle choices and/or getting help before the conditions requires hospitalization.

**Physician Encounters**



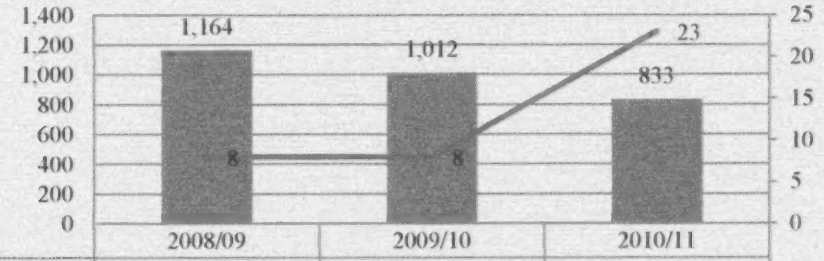

**Hospitalizations**



***What is being measured?***
The number of Clinical Speech Language Pathology (SLP) sessions

***Why is this of interest?***
Videoconferencing units ensure that residents, mainly children, are able to access the speech language services they require in their home communities. This is another example of how technology is being used to deliver services in our communities.

**Number of Clinical Speech Language Pathology (SLP) Sessions**

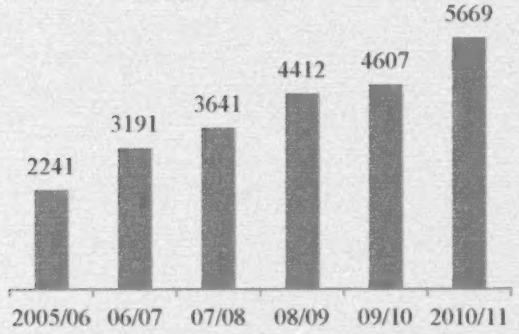



| | 2008/09 | 2009/10 | 2010/11 |
|---|---|---|---|
| Number of Clinical Speech Language Pathology Sessions | 1,164 | 1,012 | 833 |
| Number of Communities receiving regular speech language pathologies services | 8 | 8 | 23 |

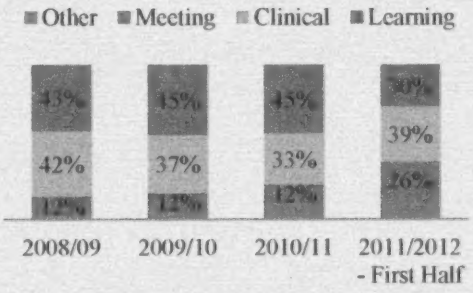
***What is being measured?***
The overall number of telehealth clients and the percentage of telehealth clients by session type

***Why is this of interest?***
Telehealth helps reduce medical and staff travel by providing remote access to clinical advice for patients and professionals as well as education sessions and meetings for health and social services professionals. Telehealth also increases the knowledge base of health care professionals and the public, as well as encourages wider and more immediate participation in case management.

**Number of Telehealth Clients**



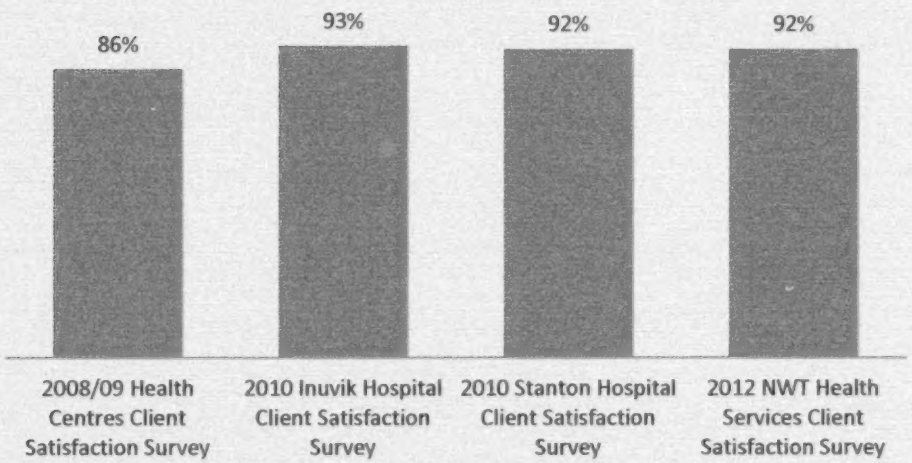

**Percentage of Telehealth Clients by Session Type**



***What is being measured?***
Percentage of NWT Health Care Satisfaction Questionnaire respondents that rated their overall experience as Excellent or Good

***Why is this of interest?***
Client satisfaction is seen as a means of gauging the effectiveness of existing services and guiding future developments. Client satisfaction surveys provide NWT residents an opportunity to offer their input and identify where barriers to healthcare access may exist.

**Percentage of respondents that were satisfied with their overall experience when accessing health services**



## KEY ACTIVITY 4: SUPPLEMENTARY HEALTH PROGRAMS

*Description*

The Department provides Supplementary Health Programs, in accordance with policy, to residents who meet eligibility criteria. Benefits include eligible prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses. Specific benefit programs are:

- Extended Health Benefits
- Métis Health Benefits
- Medical Travel Benefits
- Indigent Health Benefits

*Major Program and Service Initiatives 2012-13*

The Department in collaboration with the Authorities and related service providers will continue to provide eligible residents of the NWT with access to supplementary health benefits and access to necessary services through a comprehensive medical travel system.

In 2010/11, the Department in collaboration with Stanton undertook a full review of the Medical Travel program. The purpose of the review was to identify options and make recommendations for a service delivery and governance model to provide role clarity and accountability from the point of referral to the point of return, incorporating lean processes and clinical care pathways.

The recommendations resulting from the review will provide the basis for modernizing the GNWT's Medical Travel program, including addressing gaps and re-designing the program and the policy to make it more efficient and responsive to client needs. Potential benefits may include: greater efficiencies in the medical travel process, increased consistency in the clinical decisions regarding medical travel, mechanisms to track adherence to medical travel policies and better support for healthcare providers in the regions.

***Measures Reporting***

<table>
<tr><th>Measure</th><th>Report on Measure</th></tr>
<tr><td>Number of medical travel dispatches (total number of medevacs).</td><td>
<table>
<tr><th>Year</th><th>Inuvik Base</th><th>Yellowknife Base</th><th>Total#</th></tr>
<tr><td>05/06</td><td>194</td><td>738</td><td>932</td></tr>
<tr><td>06/07</td><td>330</td><td>762</td><td>1,092</td></tr>
<tr><td>07/08</td><td>336</td><td>736</td><td>1,072</td></tr>
<tr><td>08/09</td><td>252</td><td>797</td><td>1,049</td></tr>
<tr><td>09/10</td><td>263</td><td>740</td><td>1,003</td></tr>
<tr><td>10/11</td><td>265</td><td>801</td><td>1,066</td></tr>
</table>
</td></tr>
<tr><td>Number of patient travel cases from all regions including cost<br>*costs include escorts</td><td>
<table>
<tr><th>Year</th><th># of Patients</th><th>Cost</th></tr>
<tr><td>06/07</td><td>10,993</td><td>$14M</td></tr>
<tr><td>07/08</td><td>11,470</td><td>$16M</td></tr>
<tr><td>08/09</td><td>11,158</td><td>$18.5M</td></tr>
<tr><td>09/10</td><td>11,687</td><td>$18.1M</td></tr>
<tr><td>10/11</td><td>11,489</td><td>$19.2M</td></tr>
</table>
<table>
<tr><th>Year</th><th># of Escorts</th><th></th></tr>
<tr><td>06/07</td><td>3,221</td><td></td></tr>
<tr><td>07/08</td><td>3,571</td><td>$2.7M</td></tr>
<tr><td>08/09</td><td>3,644</td><td>$3.2M</td></tr>
<tr><td>09/10</td><td>4,085</td><td>$3.3M</td></tr>
<tr><td>10/11</td><td>3,740</td><td>$3.0M</td></tr>
</table>
</td></tr>
<tr><td>Number of individuals accessing Supplementary Health Benefits Programs (as of February 29, 2012).</td><td>Extended Health Benefits (EHB) Specified Medical Conditions (SMC)<br>There are currently 2,433 EHB Specified Medical Condition clients registered on the program. Of this total, 1,194 have access to other group insurance (ADA) and 1,239 have full coverage under the program.<br><br>Extended Health Benefits Seniors Program<br>There are currently 2,011 EHB Senior clients registered on the program. Of this total, 884 have access to other group insurance (ADA) and 1,127 have full coverage under the program.<br><br>Métis Health Benefits Program (MHB)<br>There are currently 1,964 clients registered under the MHB program.</td></tr>
</table>

## KEY ACTIVITY 5: COMMUNITY HEALTH PROGRAMS

*Description*

Community programs are delivered outside health facilities and include institutional care, assisted living, counselling, and intervention and health promotion.

This activity, under the coordination of the **Community Wellness and Social Services** Division, includes direct program delivery funding for community based health and social services programs and services, as well as program planning and development, including:

- Community social service workers in the areas of prevention, assessment, early intervention, and counselling and treatment services related to children, youth and families;
- Prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the *Child and Family Services Act* and *Adoption Act*;
- Injury prevention strategies, health promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors;
- Long term care facilities, including group homes and residential care, inside and outside the NWT;
- Programs to enable individuals with special living requirements to stay in their homes as long as possible and services designed to assist living in the home;
- In accordance with legislation and policy, the Office of the Public Guardian responds to crisis intervention programs aimed at assisting with emotional and social problems: and
- Programs related to emergency shelters and counseling.

*Major Program and Service Initiatives 2012-13*

Consistent with the parameters of the *Child and Family Services Act*, the *Public Health Act*, the *Guardianship and Trustee Act* and the *Adoption Act*, the Department will continue to work with Authorities to coordinate delivery of community based programs in support of overall health promotion and protection.

***Mental Health and Addictions***

As outlined in the Department's Strategic Plan, the Department will improve access to comprehensive mental health and addictions services by working with Aboriginal governments and communities to develop community wellness plans that build on existing community assets and resources, developing clearly defined referral processes that simplify access and strengthen coordination, and by reducing stigma and barriers to accessing treatment. Specific actions will be included in the Department's Mental Health and Addictions Action Plan, scheduled for release in 2012.

***Promotion and Prevention***

The Department and the Authorities will continue to collaborate with ECE, MACA, Justice and Transportation to promote Healthy Choices. Working under the seven themes of healthy living, departments will maximize promotion and prevention investments through shared knowledge, shared best practices and shared resources.

Specifically under Health and Social Services, the 'My Voice, My Choice' campaign will target youth and raise awareness of addictions and alcohol abuse in NWT communities. Other programs to

support healthy choices will include: healthy eating promotion through local programs and a new anti-smoking campaign aimed at encouraging adults to be good role models for their children.

***Enhancing Services for Children and Families***

*Design and distribution of plain language Child and Family Services information for the public* – The Department will provide residents of the NWT with plain language information related to child and family services. This will include the distribution of a series of plain language brochures and the establishment of a toll-free number for residents that wish to ask questions about child and family services or access help. This toll-free line will also include automated information in all official languages.

*Child and Family Services Committees* – The Department and Authorities remain committed to increasing community involvement in promoting healthy families and preventing child neglect. The Department will continue to engage Aboriginal leadership and communities through information sessions, training and meetings to determine what support is needed at the community level to establish and maintain committees.

*Child and Family Services Standards and Procedures Manual* – Using the findings and recommendations from the SCOSP's Report on the Review of the Child and Family Services Act as a basis, the Department will update the Child and Family Services Standards and Procedures Manual. The Department will research and review best practices from other jurisdictions and establish a steering committee comprised of community representatives, aboriginal leadership and front line workers to direct this project. Input from former clients, elders and child advocates will ensure that the revised standards consider community values and community norms. The revised Standards and Procedures Manual will also be linked with the Standards of Practice for Social Workers as defined under the *NWT Social Worker Profession Act.*

*Healthy Families Program Expansion* – The Healthy Families Program is currently being provided in Yellowknife, Fort Smith, Behchokǫ̀, Hay River, the Dehcho and the Beaufort Delta regions. In 2011/12, one hundred and two families accessed the program.

*Community Wellness Project* – The Department and Authorities will work with communities to develop community plans to maximize the use of federal and GNWT wellness funding by reducing the administrative burden on communities and increasing flexibility to respond to local priorities.

## *Measures Reporting*

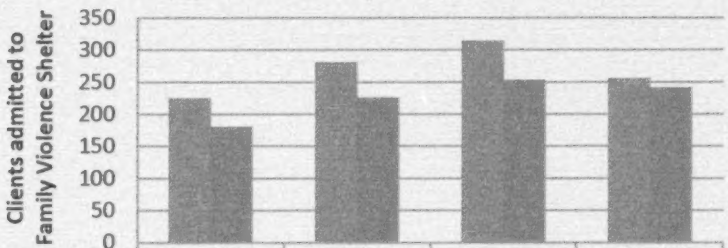
***What is being measured?***

The number of clients admitted to family violence shelters and the number of beds used in the NWT between 2007/08 and 2010/11

***Why is it of interest?***

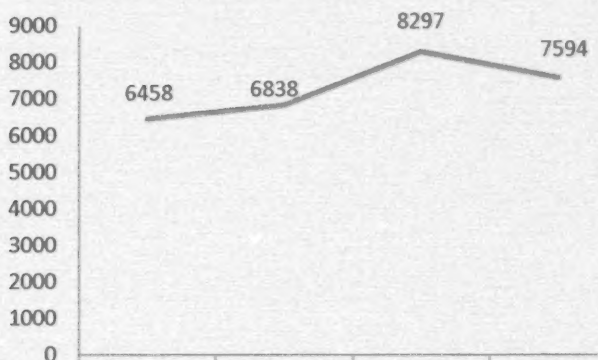
Utilization of family violence shelters tell us how many clients are being admitted to residential services. This information supports the ongoing provision of family violence programming based on capacity and funding levels.

**Family Violence Shelter Utilization**




| | 2007/08 | 2008/09 | 2009/10 | 2010/11 |
|---|---|---|---|---|
| Number of women admitted to shelter | 225 | 281 | 314 | 256 |
| Number of children admitted to shelter | 181 | 226 | 253 | 241 |

**Number of Bednights**

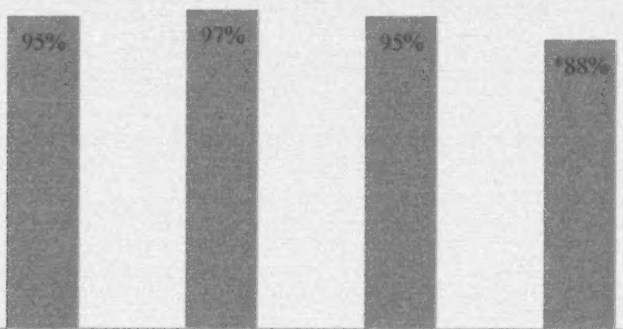



| | 2007/08 | 2008/09 | 2009/10 | 2010/11 |
|---|---|---|---|---|
| Number of Shelter Beds Used in NWT | 6458 | 6838 | 8297 | 7594 |

***What is being measured?***
The occupancy rate in long term care facilities and the total number of beds available

***Why is this of interest?***
The demand for long-term care (LTC) and dementia care beds is growing as the NWT population ages. Faced with this demand, there is an expectation that LTC facilities will operate at, or near to, 100% occupancy. The more clients there are on the waitlist for LTC, the greater the pressure on other institutions and services. Clients eligible for LTC may end up in an acute care hospital bed.

**Long-term care occupancy rate and number of long-term care beds in NWT**




| | 2007/08 | 2008/09 | 2009/10 | 2010/11 |
|---|---|---|---|---|
| Occupancy Rate | 95% | 97% | 95% | 88% |
| Total Beds in NWT | 153 | 153 | 142 | 164 |

*Low occupancy rate due to Aven's Cottages opening in March 2011.

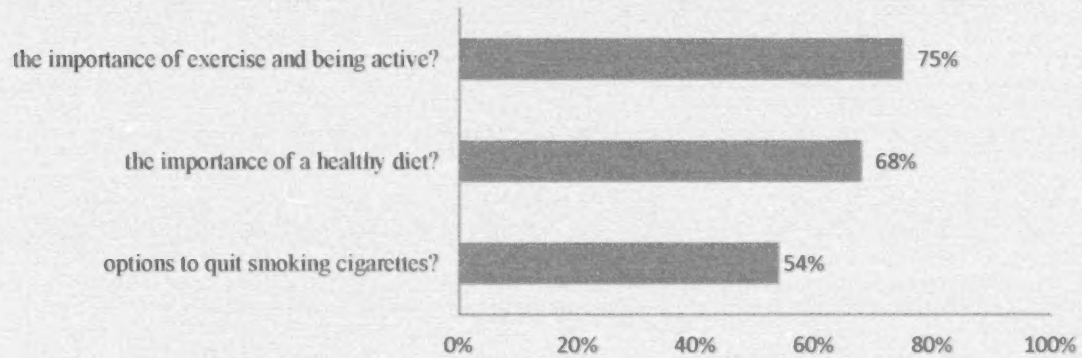
| Number of Clients on Territorial Access Committee (TAC) wait list | | |
|---|---|---|
| Facility Type | June 16/11* | Nov 7/11** |
| LTC | 10 | 20 |
| Extended Care | 0 | 0 |
| Dementia Care | 0 | 2 |

*Four offered beds in May but declined.
**Six offered a LTC bed, at their preferred facility, since September

***What is being measured?***
The percentage of people who participated in the 2012 Health Care Services Satisfaction Questionnaire who answered "Yes", when asked if their healthcare provider had discussed preventative health measures with them in the last two years

***Why is this of interest?***
Not only can advocating for preventative measures improve the client's quality of life by reducing illness before it happens, it can be an effective way to decrease occurrence of costly preventable diseases, such as cardio/respiratory disease, cancer and diabetes.

**Percentage of respondants who answered the question: in the last 24 months, has your heathcare provider dicussed with you . . .**



## c) Responding to Priorities of the 17th Assembly

**Priority 1 – Building a strong and sustainable future for our Territory**

***Description***

Strengthening our relationships with Aboriginal and other northern governments

***Actions for 2012-13***

The Department will engage in discussions with Aboriginal governments about reforming the health and social services governance system to allow for more efficient system-wide operations, while respecting and accommodating existing and emerging Aboriginal self-government arrangements.

***Description***

Working with our partners to ensure responsible stewardship through our land and resource management regime

***Actions for 2012-13***

The Department will continue to provide support through the Aboriginal Consultation Unit to meet the GNWT's legal obligation in a coordinated and consistent manner.

**Priority 2 – Increasing employment opportunities where they are needed most**

***Description***

Reducing dependency on government by encouraging people who are able to enter or remain in the workforce

***Actions for 2012-13***

- Working with ECE and other Social Envelope departments to provide advice and support in the development of a plan to reduce poverty in the NWT.
- Working in collaboration with ECE, MACA, Justice and Transportation to implement actions from the Healthy Choices Action Plan to encourage people to stay healthy so that they are better able to enter and remain in the workplace.
- Working with ECE and Industry, Tourism and Investment (ITI), maximize employment, training and community wellness and business benefits through socio-economic agreements from industry.

***Description***

Supporting child care programs to help parents become or stay employed

***Actions for 2012-13***

Work in collaboration with ECE on Early Childhood Development Programs such as the Healthy Family Program to provide support to families to better manage work and child care responsibilities.

**Priority 3 – Strengthening and diversifying our economy**

***Description***

Supporting the Mackenzie Gas Project

***Actions for 2012-13***

Provide input and support on the GNWT's response to the challenges and opportunities that will be generated through the development, including those related to the MGP Socio-economic agreement and construction phase.

***Description***

Supporting the traditional economy

***Actions for 2012-13***

- In collaboration with ITI and the Department of Human Resources provide Aboriginal language and culture-based education programs and contribution programs that support traditional art, culture and heritage activities.
- Provide wellness funding to support on-the-land activities related to community wellness.

***Description***

Developing a socially responsible and environmentally sustainable economic development and mining strategy

***Actions for 2012-13***

Through the Chief Public Health Officer, the Department researches, assesses and reports on the potential public health impacts of resource development activities within the NWT. This work is done collaboratively with other departments such as Environment and Natural Resources (ENR) and ITI.

**Priority 5 – Ensuring a fair and sustainable health care system**

***Description***

Investing in prevention, education, awareness and early childhood

***Actions for 2012-13***

- Carry out health promotion and prevention activities including, interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco reduction and cessation, injury prevention and high-risk sexual activity.
- Work with other departments and community based organizations to provide mental health programming for youth.
- Sponsor public education and awareness programs aimed at reducing injuries in the NWT.
- Maintain communicable disease control by: implementing initiatives aimed at reducing sexually transmitted, coordinating surveillance and provider education, and pandemic preparedness.

- Coordinate early intervention screening including the Breast Cancer Screening Program and Colorectal Screening Program.
- Assist individuals to better manage their chronic disease and reduce complications and hospitalizations including the Diabetes Self-Management Pilot Program and the Diabetes Capacity Building Project.
- Focusing on prevention, we will continue to work closely with our community partners, other GNWT Departments and NGOs to address the needs of everyone affected by family violence and elder abuse.
- Partner with communities to develop culturally appropriate child development and prenatal programming. Some early childhood initiatives include:
  - Fetal Alcohol Spectrum Disorder (FASD) Prevention
  - Injury Prevention Education in the communities
  - Targeting pregnant women and women with infants up to 12 months of age to support activities related to nutrition screening, education and counseling, maternal nourishment, breastfeeding promotion, education and support
- Respite services to delay or avoid the foster placement of children with disabilities or complex needs.
- Oral health promotion.
- Rehabilitation services such as physiotherapy, occupational therapy, speech language pathology and audiology.

***Description***

Enhancing addictions treatment programs using existing infrastructure

***Actions for 2012-13***

- The Community Counseling Program (CCP) provides mental health and addictions services that include services through prevention, treatment and aftercare programs. Timely access to these services help to ensure that individuals are better equipped to fully participate and function optimally in their personal lives and in the workplace.
- On average, $6 million is invested annually in the Community Counseling Program and another $1 million in other related programs and initiatives such as the NWT Help Line and community-based on-the-land programs.
- There are 76 funded positions in the Community Counseling Program including Community Wellness Workers, Mental Health and Addictions Counselors and Clinical Supervisors in all regions.
- Approximately $2 million annually is invested to operate a 30-bed treatment centre in Hay River (Nat'sejee K'eh Treatment Centre). The treatment centre provides a 28-day alcohol and drug treatment program for adults.
- Individuals requiring highly specialized addictions treatment unavailable in the NWT are referred to the Out-of-Territory Review Committee (OOTRC). The OOTRC reviews all referrals for alcohol and drug treatment outside of the NWT that are not covered by third party insurance and provides final approval based on the applications it receives.

HSS is developing a Mental Health and Addictions Action Plan to ensure access to comprehensive mental health and addictions services by:

- Increasing public understanding of mental health and addictions
- Integrating MHA programs into primary community care
- Improving access to services and increasing accountability; and

- Reducing barriers to treatment and resources through client-centered approaches, enhanced case management and better integration into the overall primary care model.

The Chronic Disease Management project is looking at how to provide better intervention and support to patients with mental health needs.

The Department is working with Aboriginal and community governments to develop wellness plans that build on existing community assets and resources to provide services that best meet the needs of the community.

***Description***

Addressing health facility deficits

***Actions for 2012-13***

Through the GNWT's Capital Planning Process, the Department will continue to make strategic investments into critical and acute care facilities to meet standards related to infection control and allow for ongoing delivery of effective and safe patient care.

## d) Infrastructure Investments

*Planned Activities – 2012-13*

**Planning Studies**
The Department will complete Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the GNWT Infrastructure Plan.

- Stanton Territorial Health Authority
  Future redevelopment of Stanton Territorial Hospital.
- Fort Simpson Health & Social Services Centre
- Additional planning studies will be proposed as part of the Department's initiative to refocus its ongoing capital planning.

**Medical Equipment**
To continue to deliver safe and efficient quality health services, facilities across the NWT require ongoing medical equipment replacement and investment. The Biomedical Engineering unit within Stanton maintains more than 2,500 pieces of biomedical equipment across the north (valued at over $30M) and is responsible for assessing and forecasting needs on behalf of all the Authorities.

**Health and Social Services Centre - Fort Smith**
The first phase of renovations is scheduled to be finished in 2012. Phases 2 and 3 of this project are anticipated to be completed in 2013/14.

**Health Centre – Hay River**
Design build contract will be awarded and begin in 2012/13. Anticipated completion is 2015/16.

**Long Term Care Facility - Behchokó**
Replace of the existing 9-bed facility with a new 18-bed facility based on the Department's Long Term Care facility prototype. Construction is scheduled to begin in 2012/13.

**Health and Social Services Centre and Long-Term Care Facility – Norman Wells**
Replace the existing Health Centre based on the Department's prototypes developed for Level B/C Health and Social Services Centres and Long Term Care facilities. Design to begin in 2012/13. Completion is anticipated in 2015/16.

**Health and Social Services Centre – Fort Providence**
Replace the existing facility based on the Department's Level B facility prototype. Construction is anticipated to start in 2013/14 with completion by 2015/16.

## e) Legislative Initiatives

*Planned Activities – 2012-13*

The ***Health Information Act*** (HIA) is currently being drafted and will be introduced in early 2013/14. The Bill will set out requirements for consent and the collection, use and disclosure of personal health information, allow for collection and use of personal health information for system planning, include provisions for access and corrections to personal health information, establish requirements for the disclosure of personal health information for research purposes, and establish an HIA oversight role for the NWT Information and Privacy Commissioner for compliance purposes.

The ***Health and Social Services Professions Act*** will regulate a number of health and social services professionals under one statue, or "umbrella" legislation, and will provide consistent mandatory registration, complaints and disciplinary practices. The *Act* will allow for the modernization of existing health and social services licensing. Health and social services professions that are currently unregulated in the NWT can also be more easily regulated under the umbrella *Act*. A legislative proposal for this *Act* will be finalized by fall 2012.

The ***Child and Family Services Act*** will be amended to respond to the recommendations of the review of the *Act* undertaken by the Standing Committee on Social Programs during the 16th Legislative Assembly. A discussion paper will be developed in 2012/13 with a legislative proposal to follow in 2013/14.

The ***Health Insurance Act*** (working title) will replace the existing *Hospital Insurance and Health and Social Services Administration Act* and the *Medical Care Act* and will govern the administration of the health insurance system. The *Act* will establish a health care registration system, define insured services and, include provisions respecting the administration of the insurance system including 'shadow billing' and fee-for service. A legislative proposal will be developed in 2012/13 to be finalized in spring 2013.

The ***Health and Social Services Governance Act*** (working title) will replace the existing *Hospital Insurance and Health and Social Services Administration Act*. The *Health and Social Services Governance Act* is the legislative foundation for the governance of the health and social services system. The *Act* will provide authority for the establishment, merging and winding-up of regional health and social services authorities, establishment of an accountability framework and, clearly define the Minister's role and authority in the system. A legislative proposal will be developed in 2012/13 to be finalized early in 2013/14.

*Additional Work – 2012-13*

A new ***Vital Statistics Act*** was passed in August 2011. The *Act* reflects best practices in registration of vital events, including the maintenance and security of personal information contained in the registry. New regulations will be developed in 2012/13 and are required before the new *Vital Statistics Act* can come into force.

A number of regulations under the ***Public Health Act*** will be completed during 2012/13, for example, the Personal Service Establishment Regulations which are necessary to ensure current and consistent public health standards and requirements for a variety of personal service establishments including spas, tattooists, and hair dressers. They will replace the current Barber Shop and Beauty Salon

Regulations. The Health Hazard Control Regulations will be developed and will replace the General Sanitation Regulations, General Sanitation Exemption Regulations, and the Tourist Accommodation Health Regulations. New general sanitation and accommodation and rental premises provisions will be developed to reflect current best practices, better address several specific health hazards, and align with the *Public Health Act*.

## f) Human Resources

### Overall Human Resource Statistics

**All Employees**

| | 2011 | % | 2010 | % | 2009 | % | 2008 | % | 2007 | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 128 | | 137 | | 131 | | 130 | | 133 | |
| Indigenous Employees | 45 | 35% | 45 | 33% | 45 | 34% | 44 | 34% | 44 | 33% |
| Aboriginal | 24 | 19% | 25 | 18% | 24 | 18% | 23 | 18% | 24 | 18% |
| Non-Aboriginal | 21 | 16% | 20 | 15% | 21 | 16% | 21 | 16% | 20 | 15% |
| Non-Indigenous Employees | 83 | 65% | 92 | 67% | 86 | 66% | 86 | 66% | 89 | 67% |

Note: Information as of December 31.

**Senior Management**

| | 2011 | % | 2010 | % | 2009 | % | 2008 | % | 2007 | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 9 | | 10 | | 9 | | 10 | | 14 | |
| Indigenous Employees | 2 | 22% | 2 | 20% | 2 | 22% | 3 | 30% | 3 | 21% |
| Aboriginal | 1 | 11% | 1 | 10% | 1 | 11% | 1 | 10% | 1 | 7% |
| Non-Aboriginal | 2 | 11% | 1 | 10% | 1 | 11% | 2 | 20% | 2 | 14% |
| Non-Indigenous Employees | 6 | 78% | 8 | 80% | 7 | 78% | 7 | 70% | 11 | 79% |
| | | | | | | | | | | |
| Male | 4 | 44% | 4 | 40% | 4 | 44% | 6 | 60% | 9 | 64% |
| Female | 5 | 56% | 6 | 60% | 5 | 56% | 4 | 40% | 5 | 36% |

Note: Information as of December 31

**Non-Traditional Occupations**

| | 2011 | % | 2010 | % | 2009 | % | 2008 | % | 2007 | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 13 | | 11 | | 7 | | 4 | | 6 | |
| Male | 9 | 69% | 8 | 73% | 4 | 57% | 3 | 75% | 5 | 83% |
| Female | 4 | 31% | 3 | 27% | 3 | 43% | 1 | 25% | 1 | 17% |

Note: Information as of December 31

**Employees with Disabilities**

| | 2011 | % | 2010 | % | 2009 | % | 2008 | % | 2007 | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 1 | 0.8% | 0 | 0% | 2 | 1.1% | 1 | 0.8% | 0 | 0% |

Note: Information as of December 31

## *Position Reconciliation*

This information differs from the employee information on the preceding page; Human Resource information reflects actual employees as of March 31 each year. The information presented below reflects position expenditures approved through the budget process for each fiscal year.

Active Positions - Department

Summary:

| | 2011-12 Main Estimates | Change | 2012-13 Business Plan |
|---|---|---|---|
| Total | 142 | 7 | 149 |
| Indeterminate full-time | 142 | 7 | 149 |
| Indeterminate part-time | - | - | - |
| Seasonal | - | - | - |

Adjustments Approved Through Sunsets:

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Foundation for Change Coordinator | Yellowknife | HQ | Deleted | Sunset |

Adjustments Approved Through Other Initiatives:

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Senior Project Manager, System Innovation | Yellowknife | HQ | Added | THSSI Funding |
| Project Manager, Territorial Support Network | Yellowknife | HQ | Added | THSSI Funding |
| Project Manager, Collaborative & Consolidated Services | Yellowknife | HQ | Added | THSSI Funding |
| Policy Officer - Medical Travel | Yellowknife | HQ | Added | THSSI Funding |
| CFS Committee Coordinator | Yellowknife | HQ | Added | |

Other Adjustments:

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Assistant Deputy Minister | Yellowknife | HQ | Added | Funded through Internal Reallocations |
| Administration Assistant | Yellowknife | HQ | Added | Funded through Internal Reallocations |
| Director, Policy, Communications & Legislation | Yellowknife | HQ | Added | Funded through Internal Reallocations |
| Manager | Yellowknife | HQ | Deleted | Funded through Internal Reallocations |
| Director - Territorial Health Services | Yellowknife | HQ | Added | Funded through Internal Reallocations |
| Manager, Infrastructure Planning | Yellowknife | HQ | Deleted | Funded through Internal Reallocations |
| Director – Infrastructure Planning | Yellowknife | HQ | Added | Funded through Internal Reallocations |
| Planning Facilitator, Official Languages | Yellowknife | HQ | Deleted | Funded through Internal Reallocations |
| Manager, Official Languages | Yellowknife | HQ | Added | Funded through Internal Reallocations |

Other Positions

Summary:

| | 2011-12 | Change | 2012-13 |
|---|---|---|---|
| Total | 17 | (2) | 15 |
| Indeterminate full-time | 17 | (2) | 15 |
| Indeterminate part-time | - | - | - |
| Seasonal | - | - | - |

Other Adjustments

Third Party Funding

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Telehealth Speech Project Coordinator | Yellowknife | HQ | Delete | Casual position counted in error |
| Health Promotion Project Coordinator | Yellowknife | HQ | Delete | Correction to Business Plan count |

Interns [1]

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Intern Contaminants | Yellowknife | HQ | Added | Intern |

[1] Note : Interns are not included in Summary amounts above

Active Positions - Authorities

Summary:

| | 2011-12 Main Estimates | Change | 2012-13 Business Plan |
|---|---|---|---|
| Total | 1,316 | 2 | 1,318 |
| Indeterminate full-time | 1,182 | 3 | 1,185 |
| Indeterminate part-time | 134 | (1) | 133 |
| Seasonal | - | - | - |

Adjustments Approved Through Forced Growth:

| Position | Community | Region | Added/ Deleted | Explanation |
|---|---|---|---|---|
| Laboratory Info Systems Administrator | Yellowknife | North Slave | Added | Forced Growth - STHA |
| Clinical Program Assistant (PT) | Yellowknife | North Slave | Deleted | Forced Growth - STHA |
| Clinical Program Assistant (FT) | Yellowknife | North Slave | Added | Forced Growth - STHA |
| Clinical Program Assistant | Yellowknife | North Slave | Added | Forced Growth - STHA |

## *Other Human Resource Information*

The Department of Human Resources (HR) has launched a long-term human resources strategy for the public service entitled, *20/20: A Brilliant North*. Among other initiatives, this strategy provides a framework for the development of departmental human resource plans, including succession plans and affirmative action plans.

The tables below indicate statistics on departmental human resource activities with respect to summer students, interns and transfer assignments for 2011.

| Summer Students | | | | |
|---|---|---|---|---|
| Total Students | Indigenous Employees (Aboriginal + Non Aboriginal | Indigenous Aboriginal | Indigenous Non-Aboriginal | Non-Indigenous |
| 10 | 10 | 7 | 3 | |

Note: Information as of August 17

| Transfer Assignments (In) | | | | |
|---|---|---|---|---|
| Total transfer assignments | Indigenous Employees (Aboriginal + Non Aboriginal | Indigenous Aboriginal | Indigenous Non-Aboriginal | Non-Indigenous |
| 14 | 5 | 2 | 3 | 9 |

Note: Information as of December 31

| Transfer Assignments (Out) | | | | |
|---|---|---|---|---|
| Total transfer assignments | Indigenous Employees (Aboriginal + Non Aboriginal | Indigenous Aboriginal | Indigenous Non-Aboriginal | Non-Indigenous |
| 11 | 5 | 2 | 3 | 6 |

Note: Information as of December 31

## *Other Activities Associated with Human Resources*

Through the 2010 health programs and services program audit, the Office of the Auditor General recommended that HSS in collaboration with Authorities and support from HR should:

- develop a comprehensive human resources recruitment plan for the NWT health care system; and
- develop and implement a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered.

The Department has recently established the position of Assistant Deputy Minister, Corporate Services. This position will be tasked with ensuring that collaboration with HR and Health and Social Services Authorities on human resource planning is given a high priority.

The Department, in partnership with the HR, will undertake the development of a comprehensive human resource recruitment plan for the entire system beginning in 2012. This will be a long-term

project, so as an interim measure the two departments will work with consultants to identify strategies to improve recruitment and retention in the health and social services professions within existing resources over the next few years. A draft Service Partnership agreement is under development and will focus initially on the areas of staffing and recruitment.

## g) Information Systems and Management

*Overview*

The Information Services Division provides the following services within the Department:

- Leadership in strategy, policy and standards development for informatics and management information;
- Application system management including analysis, development, implementation, project management and support;
- Management of contracts and services with organizations that provide analysis, development, implementation, project management, support, maintenance and enhancement services for the Department's major operational systems (excluding GNWT central systems such as SAM and PeopleSoft);
- Management of the service agreement with the GNWT Technology Services Centre for both infrastructure and network support; and
- Participation in various pan-Canadian and regional strategic informatics and data standard initiatives within health and social services.

In addition, Information Services provides the following services in support of the Authorities:

- Leadership in system-wide informatics planning, applications and infrastructure;
- Integration, co-ordination and funding for major informatics initiatives among the Authorities;
- Integration of computer-based bio-medical facilities and Telehealth delivery facilities with management information systems; and
- Management of the service agreements for infrastructure support and communication services in the Authorities and remote health centers where local expertise is not available to provide such services.

Through investments from Canada Health Infoway, the Department will make investments in information technology, information systems and information management in order to support service delivery, management information and decision-making by front-line workers, policy makers and management both in the Department and in the Authorities.

*Planned Activities - 2012-13*

The Health and Social Services (HSS) Strategic Plan *Building on our Foundation 2011-2016*, specifically includes innovative, reliable technology as vital to achieving transformational changes. These changes are necessary to enable service delivery from a Territorial system approach, where patients are the centre of high quality, safe, sustainable care.

**Electronic Medical Record (EMR)**

Health & Social Services (HSS) is undertaking an Enterprise (Territory-wide HSS) Electronic Medical Record (EMR) project that includes charting as well as the Practice Management (PM) components of scheduling and billing. Implementation of an Enterprise EMR will accelerate the broader goal of moving from paper records to digital and supporting integration of digital data across the HSS system. An Enterprise EMR has been identified as a cornerstone clinical tool to improve

access to Specialists and connect patients and local care providers with virtual teams to enable service delivery in home communities.

This project is supported with a $345,000 capital investment from Canada Health Infoway for a project planning portion and a $4,175,000 capital investment from the GNWT. A funding proposal will be submitted to Canada Health Infoway for additional capital contribution anticipated to begin in 2012-13. 2012-13 is year one of the EMR five year deployment project.

**Diagnostic Imaging/Picture Archiving Communication System (DI/PACS)**
DI/PACS have moved x-rays from film to digital format. Previous to DI/PACS film was processed in a community and mailed to a Radiologist in Yellowknife or the South, and time to have the image reviewed and results back could take up to 2 weeks. It can now be done in 2-3 days and in emergency cases, has been as fast as 35 minutes. DI/PACS is successfully available everywhere that DI services are offered within the NWT HSS system. Further, voice recognition (automated transcription) has been in place since June 2011 to enable faster turn-around time for DI reports (provided through Stanton Territorial Health Authority). This project is supported with a $4,301,000 capital investment from Canada Health Infoway and a $1,639,000 capital investment from the GNWT.

The project's final phase of "inter-operability" will be explored in 2012-13. An initial "inter-operability" opportunity to be analyzed is assessment of the viability of using DI/PACS to support timely diagnosis and treatment for NWT stroke patients. This would involve electronically connecting with Southern Specialists and supporting Tissue Plasminogen Activator (TPA) medication administration in the NWT.

**Interoperable Electronic Health Record (iEHR)**
The iEHR provides a summary view of a patient's key medical information. Currently available are demographics, all NWT lab results, NWT hospital event history, and transcribed NWT specialist reports. This provides clinicians with access to information to enable better decision making, reduces unnecessary repeat tests, and supports improved care and better patient outcomes. Access to the iEHR is available for all NWT clinicians who need to have access to the information. Over 400 users across the NWT currently have access, and additional requests are received on an on-going basis.
This project is supported with a $5,749,000 capital investment from Canada Health Infoway and a $1,135,000 capital investment from the GNWT.

The project's final phase of "inter-operability" will be explored in 2012-13. Exploration has begun, to determine the potential for sharing patient information through the iEHR, with Alberta clinicians for continuity of NWT patient care. Current legislation differences do not support full bi-directional sharing of information. Analysis is scheduled to determine if there are any opportunities that would comply with legislation.

**Projects Transitioning to Operations**

**Laboratory Information System (LIS)**
LIS software supports daily operational lab services in the NWT laboratories. It is also a critical source system, providing lab results to the interoperable Electronic Health Record and to the current installations of Electronic Medical Record systems in Yellowknife Health and Social Services and Hay River Health and Social Services.

The previous vendor announced they would no longer be providing support for the product beyond December 2009, exposing laboratory services to significant risk. Through approval of a supplementary appropriation in February 2010, a replacement project was initiated and implementedd in December 2011. This project was supported with a $1,754,000 capital investment from the GNWT. 2012-13 will be a year of transition o day-to-day operations.

**Tele-Speech Language Pathology (TeleSLP)**
TeleSLP provides the medium for access to services and thus improved client outcomes. The project additionally involved collaboration with ECE, and video conferencing units were provided by the Department to schools to enable delivery of Speech Language Pathology services to school aged children right in their schools.

This project is supported with 100 percent capital investment of $3,461,000 from Canada Health Infoway. There was no GNWT capital funding portion. 2012-13 will be a year of transition from being a project to day-to-day operations including operational support and training services.